Health Alert

February 10, 2003

FROM: **RICHARD C. DUNN**
DIRECTOR

SUBJECT: **Patient With an Acute Febrile Generalized Vesicular or Pustular Rash Illness: Immediate Medical Response and Notification Procedures**

The following medical response and notification procedures should be followed immediately in the case of any suspect patient presenting to a medical professional with an acute febrile generalized vesicular or pustular rash illness. We encourage you to distribute this information widely. Please contact the department if you have any questions at 1-800-392-0272.

Immediately institute strict contact precautions and airborne precautions, in addition to standard precautions. (These procedures are similar to those used in dealing with varicella cases.)

Immediately alert infection control.

Immediately evaluate the patient using the protocol developed by CDC for evaluating patients for smallpox.
(see http://www.bt.cdc.gov/agent/smallpox/diagnosis/evalposter.asp; see also http://www.bt.cdc.gov/DocumentsApp/Smallpox/RPG/annex/annex-4-rash-color.pdf)

If patient is determined to be at "high risk" for smallpox, immediately notify the local public health agency (LPHA) or the Missouri Department of Health and Senior Services (DHSS). DHSS's Department Situation Room - which is staffed 24 hours a day, 7 days a week - can be reached at **800-392-0272**.

If the patient is initially determined to be at "moderate risk" of smallpox and a non-smallpox diagnosis (e.g., varicella infection) cannot be promptly established (e.g., through rapid testing), immediately notify the LPHA or DHSS (800-392-0272). (Note that rapid testing for varicella is available through the Missouri State Public Health Laboratory – call 573-751-0633, or 800-392-0272.)

For suspected/confirmed smallpox cases, DHSS (800-392-0272), together with the Centers for Disease Control and Prevention (CDC), will provide medical consultation, and will advise the medical facility regarding:

a) Further precautions to reduce the possibility of nosocomial transmission
b) Movement of the patient
c) Diagnosis/treatment options (variola testing is only available at CDC)
d) Laboratory specimens, if needed
e) Photography of lesions
f) Vaccination
g) Access to the National Pharmaceutical Stockpile

How to contact us:
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Telephone: (800) 392-0272
Fax: (573) 751-6041
Website: www.dhss.state.mo.us

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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Obtaining digital pictures of the skin lesions can be especially useful in helping consulting physicians at DHSS and CDC provide the best input regarding the diagnosis. If the facility does not have a digital camera available, DHSS can arrange for digital pictures to be taken by public health field staff.

In addition to the above procedures, if an individual presents to any hospital as a suspect/confirmed smallpox case:

a) The hospital cannot send the patient to any other facility without concurrence of the DHSS.
b) The patient must be confined to a negative pressure room. If the hospital does not have a negative pressure room, the patient must be isolated to the best of the hospital's ability.
c) When moving a patient to an isolation room within the facility, carefully select the route for transportation and clear all persons from the route. Criteria for selecting the route include: directness to the isolation room, ease of decontamination if required, and isolation from other people. If an elevator is required, a nonpublic elevator should be used. While transporting the patient, he/she should be covered with a linen sheet and wear at least a surgical mask to decrease the chance for droplet spread of smallpox to other individuals.
d) Ideally, only facility staff that have been previously vaccinated for smallpox and have a confirmed take may come into contact with the patient. If no pre-vaccinated medical staff are available, care may be provided by non-vaccinated personnel who have already been exposed to the patient. However, they must (if smallpox is confirmed) be vaccinated as quickly as possible. While caring for the patient, these individuals must use standard contact and airborne precautions (i.e., disposable gowns and gloves to enter the contaminated area, disposal of used gowns and gloves before leaving the area, and fit-tested N95 masks) for patient care. Following vaccine take, there must be continued use of standard, contact, and airborne precautions to prevent airborne spread within the facility. However, the care provider is no longer required to wear an N95 mask. All contacts with the patient must be restricted to those staff essential for patient care.
e) All persons (i.e., staff, patients, and visitors) within the facility potentially exposed through contact (droplet or airborne) to the patient, beginning from the time of initial entry of the patient into the facility, must be removed from potential further contact with the patient and detained until they are identified for immediate vaccination should smallpox subsequently be confirmed.

DHSS will continue to be in communication with the appropriate LPHA(s). DHSS will immediately notify the FBI if there is a significant clinical suspicion of a BT-related agent.

State Public Health Laboratory Sampling Procedures for Suspect Smallpox Cases

If the State Public Health Laboratory (SPHL) is contacted by a medical provider or facility regarding a patient with suspected smallpox, SPHL will immediately notify CERT, which will initiate medical consultation procedures. If CERT and the patient's physician, utilizing CDC's febrile vesicular/pustular rash illness protocol, determine the case to be at high risk for smallpox, DHSS will notify CDC and the FBI. SPHL can provide a specimen collection kit and, together with CDC, will advise on specimen collection and transport. CDC will report preliminary (and confirmed) laboratory results to the DHSS medical consultant, who will notify CERT and the attending physician. CERT will notify SPHL and the LPHA(s).

DHSS DISTRIBUTION LIST: Missouri local public health agencies, state agencies and professional association groups